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*****70.00 *****70.00

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: WAVE ELECTRONICS OF DELTONA, INC

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$70.00

FROM: NAME: _____ WAVE ELECTRONICS OF DELTONA,
ADDRESS: _____ 101 NORTH WARWICK TRACE
CITY: _____ GOOSE CREEK
STATE: _____ S. CAROLINA 29945

FILED
01 MAY 17 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1001-10475
TS
MAY 17 2001

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 9, 2001

WAVE ELECTRONICS OF DELTONA, INC.
101 N WARWICK TRACE
GOOSE CREEK, SC 29945

SUBJECT: WAVE ELECTRONICS OF DELTONA, INC.
Ref. Number: W01000010475

We have received your document for WAVE ELECTRONICS OF DELTONA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith
Document Specialist
New Filing Section

Letter Number: 901A00027852

*(Agent
Address Corrected)*

ARTICLES OF INCORPORATION OF

ARTICLE I - NAME

THE NAME OF THIS CORPORATION SHALL BE:

WAVE ELECTRONICS OF DELTONA INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

829 DELTONA BLVD

DELTONA, FL 32725

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED HAVE OUTSTANDING AT ANY ONE TIME IS

60, NO PAR

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

WILLIAM S. VIA

5971 Broken Bow Ln

Port Orange, FL

32127

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 17 AM 10:18

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ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THESE ARTICLES OF INCORPORATION IS (ARE):

WILLIAM S. VIA

5991 Broken Bow Ln
Port Orange, FL
32127

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THE ____19TH____ DAY OF
____APRIL____ 2001.

SIGNATURE: X William S. Via PRESIDENT

SIGNATURE: _____

SIGNATURE: _____

SIGNATURE: _____

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED
OFFICE IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

WAVE ELECTRONICS OF DELTONA, INC

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:

NAME: WILLIAM S. VIA

ADDRESS: 5971 Broken Bow Ln

CITY/STATE: Port Orange, FL 32127

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS
CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS
OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: x William S. Via

DATE: 4/19/2001

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TALLAHASSEE, FLORIDA